

FLORIDA TITLE XXI PROGRAM FACT SHEET

Name of Plan:	Florida KidCare Program
Date Plan Submitted:	December 4, 1997
Date Plan Approved:	March 6, 1998
Effective Date:	April 4, 1998
Date Amendment #1 Submitted:	July 17, 1998
Date Amendment #1 Approved:	September 8, 1998
Date Amendment #1 Effective:	July 1, 1998
Date Amendment #2 Submitted:	December 2, 1998
Date Amendment #2 Disapproved:	November 5, 1999
Date Amendment #3 Submitted:	December 27, 1999
Date Amendment #3 Approved:	March 31, 2000
Date Amendment #3 Effective:	October 1, 1999
Date Amendment #4 Submitted:	August 14, 2000
Date Amendment #4 Approved:	November 8, 2000
Date Amendment #4 Effective:	July 1, 2000
Date Amendment #5 Submitted:	March 26, 2001
Date Amendment #5 Approved:	June 7, 2001
Date Amendment #5 Effective:	February 1, 2001
Date Amendment #6 Submitted:	July 29, 2002
Date Amendment #6 Approved:	October 22, 2002
Date Amendment #6 Effective:	July 1, 2002
Date Amendment #7 Submitted:	July 2, 2002
Date Amendment #7 Approved:	February 7, 2003

Background

- On March 6, 1998, Florida's Title XXI plan was approved. This combination plan expanded Medicaid coverage to children ages 15 through 19 in families with incomes from 28 percent to 100 percent of the Federal Poverty Level (FPL) and expanded the existing Healthy Kids program, which provides coverage for children in families up to 185 percent of the FPL, to additional counties throughout the State.

Amendments

- Florida submitted its first state plan amendment on July 17, 1998, to expand eligibility for

Healthy Kids to children in families up to 200 percent of the FPL, and adding the MediKids program and the Children's Medical Services (CMS) Network.

- The State submitted its second amendment on December 2, 1998, to provide premium assistance to cover children through employer-sponsored coverage, which was disapproved. This occurred because the minimum employer contribution proposed by the State did not comply with the criteria that was discussed in the Department's February 13, 1998, letter to State officials.
- Florida submitted a third amendment on December 27, 1999, to implement a dental pilot in two counties. The pilot began on October 1, 1999, in Palm Beach and Dade counties and adds a minimum dental benefit to the benefit package for Florida Healthy Kids enrollees in those counties.
- The State submitted its fourth amendment August 14, 2000, to expand Medicaid coverage to children under age 1 with family income from 185 to 200 percent of the FPL and eliminate coverage for this group under MediKids and the Title XXI CMS Network. Children under age 1 who were enrolled in these other programs were converted to the Medicaid expansion. The amendment also implemented mandatory assignment in the MediKids program for children whose families do not chose a managed care provider within 10 days of receiving a choice-counseling letter.
- The State submitted its fifth amendment on March 26, 2001, to implement a comprehensive dental program for the Florida Healthy Kids Program for counties contributing at least \$4,000 annually in local match funds, effective February 1, 2001. A staggered implementation of this program to eligible counties began February 1, 2001. The Dental Program will be implemented in all eligible counties.
- Florida submitted its sixth amendment on July 29, 2002, to implement a school-based health services initiative under the State's 10 percent administrative cap. The health services initiative includes:
 - Providing direct health services and conducting screening, referral and clinical follow-up of suspected problems, including surveillance of high-risk behavioral health patterns, immunization status, diseases, and home and school safety practices;
 - Medical supervision and coordination for pregnant and parenting students, home visits, helping students and families find willing and affordable providers, assisting with transportation to health care or in applying for programs such as Florida KidCare:
 - Treating students for minor emergencies and acute illnesses;
 - Providing health education within the school to reduce high-risk behaviors and to promote healthy life styles such as healthy nutrition and increased physical activity;
 - Identifying health and safety concerns in the school environment; and,

-- Administering medications.

- Florida submitted its seventh amendment on July 2, 2002, to update its State plan to indicate compliance with the final SCHIP regulations.

Overview of Florida KidCare

Florida KidCare has four components:

- Medicaid expansion. Florida's Medicaid expansion covers infants under age 1 with family income from 185 to 200 percent of the FPL, and children who were born after September 30, 1983 from 28 to 100 percent of the FPL.
- Healthy Kids (a separate child health program). KidCare extended the existing Florida Healthy Kids program to all counties throughout the State, with modifications designed to meet the requirements of the Title XXI legislation. Healthy Kids is a school-based health insurance program that covers children ages 5 through 18 with family income above the Medicaid income threshold (133 percent of the FPL for children age 5 and 100 percent of the FPL for children age 6 and older). There are no income limitations for participation, but Title XXI subsidizes premiums only for children at or below 200 percent of the FPL.
- MediKids (a separate child health program). This program covers children ages 1 through 4 with family income from 133 to 200 percent of the FPL. MediKids was created to provide coverage to the non-school-aged children that the Healthy Kids program does not cover. A "Medicaid look-alike" program, MediKids provides the Medicaid benefit package and has periodic open enrollment periods.
- Children's Medical Services (CMS) Network. CMS covers children ages 0 through 18 with special health care needs in families with income below 200 percent of the FPL. (The separate child health program CMS Network covers children above the Medicaid income threshold of 133 percent of the FPL for children age 1 through 5, and 100 percent of the FPL for children age 6 and older.) CMS allows children to have specialists as their primary care doctor without special authorization.

Children Covered Under the Program

- The State reported that 298,705 children were ever enrolled in SCHIP in FFY 2001.

Administration

- The Agency for Health Care Administration is Florida's designated single State agency for the Medicaid program.
- The Healthy Kids, MediKids and CMS programs are administered by the legislatively created Florida Healthy Kids Corporation, a not-for-profit organization that operates subject to the supervision and approval of a board of directors, is chaired by the Insurance Commissioner or his designee, and is composed of twelve other members.

Health Care Delivery System

- The health care delivery system for the Medicaid expansion is the same as is provided currently to the Medicaid population.
- Florida Healthy Kids services are delivered through State-licensed managed health plans that meet the requirements of the Department of Insurance and the Agency for Health Care Administration. These health plans are responsible for developing service delivery networks, claims processing, and payment and risk assumption.
- A child that is eligible for MediKids has a choice between a Medicaid-participating HMO and MediPass, Florida's primary care case management program.
- The CMS Network providers are the same providers as those who serve Medicaid children under the MediPass option for children with special health care needs. CMS contracts with providers to offer a full range of services for these children. Families are offered a choice of primary care providers in the network.
- Enrollees are given a choice of three dental insurers. Enrollees not choosing an insurer are auto-assigned.

Benefit Package

- The Healthy Kids benefit package is the existing program benefit package that was cited in the Title XXI legislation as an acceptable child health coverage program. This benefit package includes a full range of inpatient and outpatient services. Limitations are placed on psychiatric, rehabilitation and physical therapy inpatient admissions; alcohol and drug services; chiropractic services; podiatry services; outpatient rehabilitation services; and durable medical equipment and remedial devices. Comprehensive dental services are provided in most counties. All coverage meets the requirements of Section 2103.
- The MediKids benefit package and the CMS Network benefit package are the same as the Medicaid benefit package.

Cost Sharing

- There is no cost sharing for the Medicaid expansion.
- There are no cost-sharing requirements for American Indians/Alaska Natives.
- Cost sharing is part of the KidCare Program. Premiums for Title XXI participants range from \$5 to a \$15 maximum per household.
- There are no copayments for children in the MediKids or CMS programs. Copayments are charged in the Healthy Kids program for a number of services and reflect Title XXI

requirements. There is a maximum \$5 copay for non-preventive dental office visits.

- The plan states that cost and utilization rates will be monitored on a quarterly basis to ensure that costs associated with utilizing health care services do not exceed the 5 percent maximum. It is the responsibility of the family to detail their expenditures and to request exemption from cost-sharing responsibilities and for reimbursement of out-of-pocket expenses that exceed the allowable limit. Should the family spend in excess of 5 percent of their annual income they will receive a letter from the State telling them that they are no longer responsible for cost sharing.

Coordination between Healthy Kids and Medicaid

- An automated matching system verifies that no applicant is enrolled currently in the Medicaid program prior to enrollment in a non-Medicaid component of the Florida KidCare program.
- The Healthy Kids Corporation also screens all KidCare applications for Medicaid eligibility. Children who appear eligible are processed for Medicaid eligibility by Department of Children and Families eligibility specialists.

State Action to Avoid Crowd-Out

- The KidCare Program requires that children are uninsured at the time of application. The State conducts studies of the Healthy Kid's program's impact on crowd out.

Outreach Activities

- Florida KidCare conducts outreach to potential KidCare enrollees using periodic multi-media marketing campaigns, a toll-free hotline and a website (www.FloridaKidCare.org). KidCare outreach involves the participation of providers and community members, including schools, county health departments and community health centers, Healthy Start Coalitions and child care providers.
- Florida KidCare targets outreach to special populations, including adolescents and teens, minority populations including Native Americans, and children with special health care needs.

Financial Information

Total FFY '03 SCHIP Allotment -- \$171,990,713

FFY '03 Enhanced Federal Matching Rate -- 71.18%

State share	\$135,115,506
Federal share	\$307,886,151
Total	\$443,001,657

Last update: CMS, CMSO, FCHPG, DSCHI, February 8, 2003